



STATE OF NEW HAMPSHIRE POSTSECONDARY EDUCATION COMMISSION

Financial Aid | Degree-Granting Approvals | Closed School Transcripts | Research/Studies | Veterans State Approvals | Career School Licensing

Application for Scholarship for Orphans of Veterans

Name of Applicant: _____
First M.I. Last

Mailing Address: _____

Present Legal Residence: _____
Street City/Town/State ZIP

Name/Address of institution you plan to attend or are attending:

Date you plan to enter the institution: ____/____/____ as a
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other

Name/Address of living parent or guardian:

Name of deceased parent who served in the military: _____

Legal residence of deceased parent at time of death: _____

Place and date of death of deceased parent: _____

Did the deceased parent die as the result of a service-connected disability? ☐ Yes ☐ No

I declare, under the penalty of perjury, that the answers to the above questions are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Certification of Parent or Guardian

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

State of New Hampshire

County of _____, SS

Personally appeared before me this _____ day of _____ 20____,

_____, known to me to be the person whose signature is subscribed to the foregoing instrument, who made oath that the matters contained in said statement are true to the best of his/her knowledge and belief.

Justice of the Peace/Notary Public

My commission expires _____.

**Please complete and return to: Postsecondary Education Commission
3 Barrell Court, Suite 300
Concord, NH 03301-8543**